FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 1st AMENDMENT AFTER -2nd AMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND. ĊŢ. TOTAL IND. Û **⇔** TOTAL DEP. TOTAL DEP. TOYAL CLAIMS *MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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